

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	17042,721	FILING DATE	09/13/02
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4						
5	Canceled					
6						
7	X					
8						
9						
10	X					
11						
12		1				
13						
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33						
34						
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36						
37						
38						
39	1					
40	X					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50	X					
TOTAL IND.	4					
TOTAL DEP.	4					
TOTAL CLAIMS	8					

	*		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY